FORM D

UNITED STATES

SECURITIES AND EXCHANGE OMMISSIO

FORM D

Washington, D. 2. 20549

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SEC USE ONLY

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DATE RECEIVED

NOTICE OF SALE OF SECU PURSUANT TO REGULATION **SECTION 4(6), AND/OR** IFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Issuance of Common Stock and Series B Preferred Stock Financing, including the underlying com	mon stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
 Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) HomeAway, Inc. 	
Address of Executive Offices (Number and Street, City, State, Zip Code) 3801 Capital of TX Hwy, Suite 150, Austin, TX 78704	Telephone Number (Including Area Code) 512. 684-1101
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Internet commerce	FNUUESEL
Type of Business Organization Corporation Iimited partnership, already formed other limited partnership, to be formed other limited partnership.	JUNZZZIJO E THOMSON er (please specify): FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A	BASIC IDI	ENTI	FICATION DATA				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 										
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indivi	dual)								
Sharples, Brian										
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)						
c/o HomeAway, Inc., 3801 (Capital	of TX Hwy,	Suite 1	50, Austin, TX 787	04					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, in Siegel, Phil	f indiv	idual)								
Business or Residence Addre								••••		
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i DeAngelis, Kenneth	f indiv	idual)								
Business or Residence Addre c/o Austin Ventures, 300 W			-	= :						
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Austin Ventures VIII, LP										
Business or Residence Addre	ess (Nu	mber and Stre	et, City	, State, Zip Code)						
300 West 6th Street, Suite 2	300, A	ustin, TX 787	01						_	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)								
Redpoint Ventures Funds				···.						
Business or Residence Address 3000 Sand Hill Road, Build										
Check Box(es) that Apply:	<u>пред</u>	Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or
				Belleficial Owner		Executive Officer		Director		Managing Partner
Full Name (Last name first, i Milius, Craig	f indiv	idual)								
Business or Residence Addre	ess (Nu	mber and Stre	et, City	, State, Zip Code)				· · · · · · · · · · · · · · · · · · ·		
c/o Austin Ventures, 300 W										
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)						- , , , , , , , , , , _ , , , , , , , , , , , , , , ,		Managing 1 aither
Brody, Jeff										
Business or Residence Addre	ess (Nu	mber and Stre	et, City	, State, Zip Code)				•		
c/o Redpoint Ventures, 300	0 Sano	l Hill Road, B	uildin	g 2, Suite 290, Menl	o Par	k, CA 94025				

nd Street, City, State,	Zip Code)			
Hwy, Suite 150, Au	stin, TX 78704			
		and Street, City, State, Zip Code) X Hwy, Suite 150, Austin, TX 78704	, , , , , , , , , , , , , , , , , , , ,	

				В.	INFOR	MATION A	BOUT OF	FERING				
1. Has th	ie issuer sold, o	or does the iss	suer intend to	sell, to non	-accredited in	nvestors in th	is offering?		,		Yes	No ⊠
. 1145 ***			•			dix, Column					•	
2. What i	is the minimur	n investment	that will be a	accepted from	n any individ	dual?				••••••	\$	n/a
Does t	the offering pe	rmit joint ow	nership of a	single unit?						***************************************	Yes ⊠	No
4. Enter t	the information	n requested fo	r each persor	who has be	en or will be p	oaid or given	directly or in	ndirectly, any	commission	or similar		
person than fi	neration for soli in or agent of a l ive (5) persons	broker or deal	ler registered	with the SE	C and/or with	a state or sta	ites, list the n	ame of the br	oker or deale	er. If more		
dealer Full Name (only. (Last name firs	st, if individu	al)								,	
Business or	Residence Ad	ldress (Numb	er and Street	, City, State,	Zip Code)	 _						
Nama of Ac	ssociated Brok	ar or Dealer							·		·	
Name of As	ssociated Brok	er or Dealer										
States in W	hich Person Li	isted Has Sol	icited or Inte	nds to Solici	t Purchasers				<u></u>			
(Check "	'All States" or	check individ	duals States)					•••••••••			☐ A1	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name fir	st, if individu	ial)		<u>-</u>							
			1.0									
Business or	r Residence Ad	ddress (Numb	per and Stree	t, City, State	, Zip Code)							
Name of A	ssociated Brok	er or Dealer										
								_				
States in W	hich Person L	isted Has Sol	licited or Inte	ends to Solic	it Purchasers							
	hich Person L "All States" or										A	ll States
							[DE]	[DC]	[FL]	[GA]	☐ A	Il States
(Check "	"All States" or	check indivi	duals States)								_	
(Check "	"All States" or	check indivi	duals States)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(Check " [AL]	"All States" or [AK] [IN]	check individual [AZ]	duals States) [AR] [KS]	[CA] [KY]	[CO] [LA]	[CT]	[DE] [MD]	[DC] [[MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
(Check " [AL] [IL] [MT] [RI]	"All States" or [AK] [IN] [NE]	check individual [AZ] [IA] [NV] [SD]	duals States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
(Check " [AL] [IL] [MT] [RI]	"All States" or [AK] [IN] [NE] [SC]	(AZ) [IA] [NV] [SD]	duals States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
(Check " [AL] [IL] [MT] [RI] Full Name	"All States" or [AK] [IN] [NE] [SC] (Last name fir	(AZ] [IA] [NV] [SD] est, if individual	duals States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
(Check " [AL] [IL] [MT] [RI] Full Name Business of	"All States" or [AK] [IN] [NE] [SC] (Last name fir	[AZ] [IA] [NV] [SD] est, if individuates (Number or Dealer	(AR) [KS] [NH] [TN] ual)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
(Check " [AL] [IL] [MT] [RI] Full Name Business of	"All States" or [AK] [IN] [NE] [SC] (Last name fine r Residence Addressed Brokes	[AZ] [IA] [NV] [SD] est, if individuddress (Number or Dealer	(AR) [KS] [NH] [TN] ber and Stree	[CA] [KY] [NJ] [TX] t, City, State	[CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA]
(Check " [AL] [IL] [MT] [RI] Full Name Business of	"All States" or [AK] [IN] [NE] [SC] (Last name fir r Residence Actions associated Brole Which Person L	[AZ] [IA] [NV] [SD] est, if individuddress (Number or Dealer	(AR) [KS] [NH] [TN] ber and Stree	[CA] [KY] [NJ] [TX] t, City, State	[CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
(Check " [AL] [IL] [MT] [RI] Full Name Business of Name of A States in W (Check '	"All States" or [AK] [IN] [NE] [SC] (Last name fir r Residence Addressed Brole "All States" or	[AZ] [IA] [NV] [SD] est, if individual distribution of Dealer clisted Has Solution of Check individual content of the content of the check individual content	[AR] [KS] [NH] [TN] ber and Stree duals States)	[CA] [KY] [NJ] [TX] t, City, State	[CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
(Check " [AL] [IL] [MT] [RI] Full Name Business of Name of A States in W (Check ' [AL]	"All States" or [AK] [IN] [NE] [SC] (Last name fine r Residence Actions are associated Brolows are associated	[AZ] [IA] [NV] [SD] est, if individuates (Number or Dealer Listed Has So check individual)	(AR) [KS] [NH] [TN] ber and Stree licited or Integrated duals States) [AR]	[CA] [KY] [NJ] [TX] t, City, State	[CO] [LA] [NM] [UT] , Zip Code) it Purchasers	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS C. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt..... Equity \$ 7,000,000.00 \$ 7,000,000.00 □ Preferred Common Partnership Interests\$_ Other (Specify) \$ Total \$ 7,000,000.00 \$_7,000,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchase Investors Accredited investors \$ 7.000,000.00 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of **Dollar Amount** Type of Offering Security Sold Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....

Sales Commissions (specify finders' fees separately)

^{* 2} investors reside in the United Kingdom

	Other Expenses (identify)		\$
	Total	🖾	\$25,000.00
	•		
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>6,975,000.00</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each	of	
	the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer strong forth in response to Part C - Question 4.b above.	he	
	form in response to Part C - Question 4.0 above.	Payments to	
		Officers, Directors & Affiliates	Payments To Others
	Salaries and fees	S	□ \$
	Purchase of real estate	\$	☐ \$
	Purchase, rental or leasing and installation of machinery and equipment	\$	\$
	Construction or leasing of plant buildings and facilities	\$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$	□ \$
	Repayment of indebtedness	\$	\$
	Working capital	\$	∑ \$ <u>6,975,000.00</u>
	Other (specify):	\$	\$
	Column Totals	\$	\$6,975,000.00
	Total Payments Listed (column totals added)		75,000.00
_	D. FEDERAL SIGNATURE		
	ہے۔ سے سے کے بیان کے ب		
unde	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed untaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, dited investor pursuant to paragraph (b)(2) of Rule 502.		
Issu	er (Print or Type) Signature D	ate	
		ine <u>7</u> , 2006	
	ne of Signer (Print or Type) Title of Signer (Print or Type) The L. Galant Chief Financial Officer		
36101	The L. Galant		
	ATTENTION		
	Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violatic	ons. (See 18. U.S.C. 100	1.)

		E.	STATE SIGNAT	URE				
١.	Is any party described in 17 CFR 230.262 prese	ently subject to a	my of the disqualificati	on provisions (of such rule?	Yes	N D	
		See Append	lix, Column 5, for state	response.				
2.	The undersigned issuer hereby undertakes to fu 239,500) at such times as required by state law.	•	e administrator of any	state in which	this notice is filed, a r	notice on Form	D (17 CI	FR
	The undersigned issuer hereby undertakes to fu	rnish to the state	e administrators, upon v	written request	, information furnishe	ed by the issue	to offere	es.
I .	The undersigned issuer represents that the issue Exemption (ULOE) of the state in which this neestablishing that these conditions have been sat	otice is filed and						•
	e issuer has read this notification and knows the c horized person.	ontents to be tru	e and has duly caused t	his notice to b	e signed on its behalf	by the undersi	gned dul	у
	uer (Print or Type)	Signature	n Mi	r	Date	·		
lss		11.00	Lalan	1	June 7, 2006			
	meAway, Inc.	MANINY	- 10 to to to to to					
Но	meAway, Inc. me of Signer (Print or Type)	Title of Signe	r (Print or Type)					

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3		5				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL						,			
AK									
ΑZ									
AR									
CA		X	Series B Preferred Stock \$3,500,000 Common Stock \$3,500,000	6	\$1,435,000.00	0	\$0.00		X
CO									
CT						,			
DE									
DC									
FL									
GA									
HI									
ID									
IL.									
IN									
ΙA									
KS									
KY									
LA									
ME									
MD						3.4			
MA									1
MI									
MN								 	
MS									
МО									+

State	Yes	No	. `	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE			·						
NV									
NH									
NJ									
NM									
NY									
NC									
ОН									
OK									
OR									
PA									
RI									
SC									
SD				·					
TN								<u> </u>	
TX		X	Series B Preferred Stock \$3,500,000 Common Stock \$3,500,000	9	\$4,990,000.00		\$0.00		Х
UT									
VT									
VA									
WA									
WI									
WY									
PR									